PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

CLAIMS AS FILED - PART I										ENTITY		OTHER THAN	
(Column 1) (Column 2)								•	TYPE		OR	SMALL	
FC)R		NUMBER FILED			NUMBER EXTRA			RATE .	FEE	Î	RATE	FEE
ВА	SIC FEE			and the same of th					•	380.00	OR		760.00
TC	TAL CLAIMS		21	minus 2	20=	* _	_		X\$ 9=		OR	X\$18=	
INC	EPENDENT C	LAIMS	5	minus	3 =	*			X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	
* If	the difference	nn 1 is	less than ze	L	TOTAL		OR	TOTAL	760				
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)										ENTITY	OR	OTHER SMALL	THAN
	. New No.	CLA				Column 2) HIGHEST	(Column 3)	Г		ADDI-) 		ADDI-
AMENDMENT A	K	REMA AFI AMENI	ER		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
NON	Total	* X	9	Minus	**	20	= 3		X\$ 9=		OR	X\$18=	34,7
AME	Independent FIRST PRESE	*	3 NOE MI	Minus	***				X39=		OR	X78=	
	FINOT FRESE	MATIO	VOP WIC	JETTPLE DEF	·	DENT CLAIM			+130=		OR	+260=	: 1-140
								L.	TOTAL		OR	TOTAL ADDIT. FEE	
	Λ	(Colu	mn 1\	,	ıc	Column 2)	(Column 3)	А	DDIT. FEE		,	ADDII. FEE	TO SERVE AND ADMINISTRATION OF THE PARTY OF
		CLA				HIGHEST	(Column 3)			ADDI-	Ī		ADDI-
ENT B	10	REMA AFI AMENI	ER		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE	Š	RATE	TIONAL FEE
AMENDMENT	Total	* á	23	Minus	**	23	=		X\$ 9= -		O R	X\$18=	
AME	Independent	*	<u>3. </u>	Minus	***	<u> </u>	=		X39=		σŔ	X78=	
	FIRST PRESE	NTATIO	N OF MI	JLTIPLE DEF	PENE	DENT CLAIM		!	+130=		OR	+260=	
								L	TOTAL		OR	TOTAL	
								A	DDIT. FEE			ADDIT. FEE	
_		(Colu				Column 2) HIGHEST	(Column 3)						
ENTC		REMA AFT	INING ER		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE-	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*		Minus	***	•	=	╽┟	X39=			X78=	
٧	FIRST PRESE	NTATIO	OF M	JLTIPLE DEF	PENE	ENT CLAIM		╽┝	7.00-		OR	7.70-	
* 1	f the entry in colu	mn 1 ie le	se than th	ne entry in colu	mn 2	write "O" in co	lumn 3		+130=		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

- [<u> </u>		P.5	~ /	plication or Docket Number								
PATENT APPLICATION F STEAMANUABLE GOPY 09-363523													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL TYPE		OR	OTHER SMALL	
F	OR •		NUMBE	R FILED		NUMBER	EXTRA		RATE	FEE		RATE	FEE
BA	SIC FEE										∳OR.		740
TC	TAL CLAIMS		23	minus	20=	• 3			X\$ 9=		OR	X\$18=	54
IND	DEPENDENT CL	AIMS	3	minus	3 =	*			X\$42=	1	OR	X\$84=	
MU	MULTIPLE DEPENDENT CLAIM PRESENT										OR	X\$ 280=	
* If	* If the difference in column 1 is less than zero, enter "0" in column 2										OR	TOTAL	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									ENTITY	OR	OTHER SMALL	
INT		CL REM. AF	AIMS AINING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE TI	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	*	DIVICIA	Minus		•	=] [X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*		Minus	***		=		X\$42=		OR	X\$ 84=	
Q	FIRST PRESE	OITATM	N OF M	JLTIPLE DE	PEND	ENT CLAIM			X\$140=		OR	X\$280=	Section of the sectio
					٠.			ı	TOTAL ADDIT. FEE			TOTAL ADDIT: FEE	
	· .	(Colu	ımn 1)		· (C	Column 2)	(Column 3)	- '	ADDII. PEE I			ADDII.1 CC.	
MENT		CL REMA	AIMS AINING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	2 600	RATE	ADDI- TIONAL FEE	¥	RATE	ADDI- TIONAL FEE
DME	Total	*		Minus	.44		=		X\$ 9=		OR	X\$18=	
AMEND	Independent	•		Minus					X\$42=	****	OR	X\$84=	
_	FIRST PRESE	NTATIO	N OF M	JLTIPLE DE	PENL	ENT CLAIM		1	X\$140=	4 + 40 Y	ÓR	X\$280=	
•	•			: ;					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Colu	ımn <u>i)</u> .		· (C	Column 2)	(Column 3)					8. · · <u>· · · · · · · · · · · · · · · · ·</u>	
, LN		CL REMA	AIMS AINING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	<u></u>	Minus	**		=		X\$ 9= ·		OR	X\$18=	
MEN	Independent	*		Minus	***		=		X\$42=		OR	X\$84=	
7	FIRST PRESE	NTATIO	N OF MU	JLTIPLE DE	PENE	ENT CLAIM		1	X\$140=		OR	X\$280=	
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3. • If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE												TOTAL ADDIT, FEE	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3:" ***If the "Highest Number Previously Paid For" (Notal or Independent) is the highest number found in the appropriate box in column 1. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													